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PTO/SB/05 (2/98)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR § 1.53(b))	Attorney Docket No.	4726-014
	First Inventor or Application Identifier	Dwayne Perry
	Title	ROBOTIC TOOL COUPLER RAPID-CONNECT BUS
	Express Mail Label No.	EV051923826US

22386 U.S. PTO
10/647559

06/25/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 17] (preferred arrangement set forth below) — Descriptive title to the Invention — Cross References to Related Applications — Statement Regarding Fed sponsored R & D — Reference to Microfiche Appendix — Background of the Invention — Brief Summary of the Invention — Brief Description of the Drawings (if filed) — Detailed Description — Claim(s) — Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input checked="" type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: Express Mail Certification
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE
ENTITLED TO PAY SMALL ENTITY FEES, A SMALL
ENTITY STATEMENT IS REQUIRED (37 C.F.R.
§ 1.27), EXCEPT IF ONE FILED IN A PRIOR
APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary statement:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ____/____
Prior application information: Examiner: Group/Art Unit:

18. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 24112 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)				
NAME				
ADDRESS				
CITY	STATE	ZIP CODE		
COUNTRY	TELEPHONE	FAX		

Name (Print/Type)	Edward H. Green, III	Registration No. (Attorney/Agent)	42,604
Signature	<i>Edward H. Green</i>	Date	August 25, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

08/25/03
16563
U.S. PTO

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1

These are the fees effective December 29, 1999.

Small Entity payments must be supported by a small entity statement.

otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$520.00)

Complete if Known

Application Number	TBA
Filing Date	TBA
First Named Inventor	Dwayne Perry
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	4726-014

METHOD OF PAYMENT (check one)

1. ☒ The Commission is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 18-1167
Deposit Account Name: Coats & Bennett, .

- ☒ Charge Any Additional Fee Required Under 37 CFR §§1.16 and 1.17
☐ Charge the Issue Fee Set in 37 CFR §1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	375.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$375.00)

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid	
Total Claims	27	-20** =	7	X	9.00	=	63.00
Independent Claims	4	-3** =	1	X	42.00	=	42.00
Multiple Dependent Claims				X		=	
** or number previously paid, if greater; For Reissues, see below							
Large Code	Entity Fee (\$)	Small Code	Entity Fee (\$)	Fee Description			
103	18	203	9	Claims in excess of 20			
102	78	202	39	Independent claims in excess of 3			
104	260	204	130	Multiple dependent claim			
109	78	209	39	**Reissue independent claims over original patent			
110	18	210	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)						(\$105.00)	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Perry et al.

Serial No. _____

Filed: _____

For: ROBOTIC TOOL COUPLER RAPID-
CONNECT BUS

Attorney's Docket No. 4726-014

Express Mail Certification
Label No. EV051923826US

Raleigh, North Carolina

August 25, 2003

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

EXPRESS MAIL CERTIFICATE LABEL NO. EV051923826US

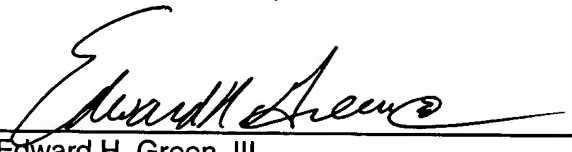
DATE MAILED: August 25, 2003

I hereby certify that the enclosed Utility Patent Application Transmittal, Fee Transmittal Form (2 copies), specification and claims, drawings (1 set of 2 sheets), Declaration and Power of Attorney, Assignment and Recordation Sheet, and our Check # 9943 in the amount of \$520.00, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,

COATS & BENNETT, P.L.L.C.

By:



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